

## REQUEST FOR RETIREMENT ANNUITY ESTIMATE

The purpose of this form is to gather information that pertains specifically to you. A Benefits Specialist needs this in order to provide you with the best estimate possible. It is important that these questions be answered to the best of your ability. Some can be verified in your Official Personnel File, while others cannot. The information you provide can have significant impact on your benefit entitlements. If you have any questions, please contact Robin Campbell at 513-246-0515 or via email at [robin.campbell@emcbc.doe.gov](mailto:robin.campbell@emcbc.doe.gov)

### Please provide the following information:

Name : \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
MM/DD/YY

Service Computation Date : \_\_\_\_\_ Retirement System : \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Organization: \_\_\_\_\_ Location: \_\_\_\_\_

Telephone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Fax) \_\_\_\_\_

Position Title : \_\_\_\_\_ Pay Plan/Series/Grade : \_\_\_\_\_

Projected Retirement Date (MM/DD/YY): \_\_\_\_\_

Hours of sick leave you expect to have at retirement: \_\_\_\_\_

Hours of annual leave you expect to have at retirement (lump sum payout): \_\_\_\_\_

Type of retirement benefits applying for: **(circle one)**

- a. Voluntary
- b. Voluntary Early VSIP Calculation: \_\_\_\_Yes \_\_\_\_No
- c. Disability
- d. Discontinued Service
- e. Minimum Retirement Age plus 10 years of service

Will you elect to take Health Insurance into Retirement? \_\_\_\_\_ Code: \_\_\_\_\_

Will you elect to take Supplemental Dental into Retirement? \_\_\_\_\_ Plan/Option: \_\_\_\_\_

Will you elect to take Supplemental Vision into Retirement? \_\_\_\_\_ Plan/Option: \_\_\_\_\_

Will you elect to take Life Insurance into Retirement? \_\_\_\_\_ Code: \_\_\_\_\_

(If you elect to continue coverage into retirement, please circle your choice from the following alternative selections with respect to your basic life insurance coverage.) Your life insurance code can be obtained from your Leave & Earnings Statement or block 27 of your most recent SF-50, Notification of Personnel Action.

- a. 75% Reduction
- b. 50% Reduction
- c. No Reduction

OPTION A Continue into retirement: \_\_\_\_Yes \_\_\_\_No

OPTION B Number of multiples you want to continue: \_\_\_\_\_

\_\_\_\_Full Reduction OR \_\_\_\_ No Reduction

OPTION C Number of multiples you want to continue: \_\_\_\_\_

\_\_\_\_\_ Full Reduction    OR    \_\_\_\_\_ No Reduction

### **Marital Status**

### **Circle One**

- |  |            |           |
|--|------------|-----------|
| • Are you married?   | <b>Yes</b> | <b>No</b> |
| • <b>If yes</b> , spouse's name: _____   |            |           |
| • <b>If yes</b> , will you elect a survivor annuity for a current and/or former spouse?  | <b>Yes</b> | <b>No</b> |
| • Do you have a court order awarding a survivor annuity to a former spouse, from whom you were divorced on or after May 7, 1985? | <b>Yes</b> | <b>No</b> |

### **Military Service**

- |  |            |           |            |
|--|------------|-----------|------------|
| • Were you in the military?  | <b>Yes</b> | <b>No</b> |            |
| • Did you serve on active duty after 1956?   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| • <b>If so</b> , have you made the deposit for this service?   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| • <b>If not</b> , do you plan to make the deposit?   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| • If you are a military retiree, do you plan to waive your military retired pay in order to combine this service with your civilian service? | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| • Is there a copy of your Military Discharge (DD 214) in your official personnel folder (OPF)?   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |

### **Other Types of Civilian Services and Basic Pay Information**

- |  |            |           |            |
|--|------------|-----------|------------|
| • Have you performed <b>part time</b> service after April 6, 1986?   | <b>Yes</b> | <b>No</b> |            |
| • Have you worked as an <b>intermittent</b> employee?  | <b>Yes</b> | <b>No</b> |            |
| • Have you served under a <b>temporary appointment</b> ?   | <b>Yes</b> | <b>No</b> |            |
| • <b>If yes</b> , have you paid the deposit for that service?  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| • Have you worked as a <b>NAF</b> (Nonappropriated Funds) employee?  | <b>Yes</b> | <b>No</b> |            |
| • Have you had more than 6 months of Leave Without Pay (LWOP) during any part of the last three years?   | <b>Yes</b> | <b>No</b> |            |
| • Have you resigned from a federal job, applied for and received a refund of your retirement contributions? ( <b>If yes</b> , please provide the approximate amount you withdrew and when (month/year) you received the money, if possible): _____ | <b>Yes</b> | <b>No</b> |            |
| • Have you ever received severance pay?  | <b>Yes</b> | <b>No</b> |            |
| • <b>If so</b> , when and how much? _____  |            |           | <b>N/A</b> |
| • Federal Tax Withholding – <b>Single</b> or <b>Married</b>  |            |           |            |
| • Federal Tax Withholding – <b>Number of Exemptions</b> : _____  |            |           |            |